Approved for use through 1221/2005 CH8 051-1032

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hereby revoke all previous powers of attorney 37 CFR 3.73(b).	given in the application ide	entified in the attache	ed statement under
hereby appoint:			
Practitioners associated with the Customer Number:	69417		
Practitioner(s) named below (if more than ten patent	practitioners are to be named, th	en a customer number m	ust be used):
Name	Registration Number	Name	Registration Number
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the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.

The individual whose signature and title is supplied below is authorized to not on behalf of the assignee			
Signature Mare doth Milyania Date 1/13/07			
Name Hericlity MCKon Zie Telephone 408-517-17	Telephone 408-517-1395		

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This colocition of Information is required by 3°C FR 1.31, 1.32 and 1.33. The Information is required to colour or retain a senset by the public to the Centre of Centre of Centre of the Centre of the Centre of the Centre of Centre of Centre of the Centre of the Centre of Centre